UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

0402/00625

First Named Inventor or Application Identifier

Masaharu Ikeda

Title

CAPACITOR MICROPHONE

Express Mail Label No.

09/87616

АРР	LICATION ELEMEN	ITS		Commissioner for Patents ADDRESS TO: Box Applications Washington, D.C. 20231			
See 37 CFR 3. Specification (preferred a - Descripti - Cross Re - Statemer - Reference - Backgrou - Brief Des - Detailed - Claim(s) - Abstract	ms small entity status 1.27. [Tot rrangement set forth below) ve title of the invention ferences to Related Application at Regarding Fed sponsored Fe to Microfiche Appendix and of the Invention for the Invention for the Drawings (if fi Description of the Disclosure at (35 USC 113) [Tot rexecuted (original or copy) from a prior application (37 Orthinuation/divisional with Box DELETION OF INVENTOR(S) Signed statement attached definated in the prior application 1.63(d)(2) and 1.33(b) Data Sheet. See 37 CFR 1.76 APPLICATION, check approp	ded) otal Pages [3]] otal Pages [1]] otal Pages [3] otal Pages [1] otal Pages [1]	9. PAG 10. 11. 12. 13. 14. 15. 16. poply the recomplete of the proof the accomplete acco	Submission (if a.	uter Program (Appendication Acid Sequence Amino Acid Sequence All necessed able Form (CRF) equence Listing on: M or CD-R (2 copiess verifying identity of YING APPLICA (COVER SEQUENCE) The sequence Listing on: M or CD-R (2 copiess verifying identity of YING APPLICA) The sequence Listing on: M or CD-R (2 copiess verifying identity of YING APPLICA) The sequence Listing on: M or CD-R (2 copiess verifying identity of Priority Application Priority Application Priority Identication In the sequence of the	andix) Jence Sary) Si; or above copies TION PARTS Document(s)) SEE NEXT Dower of Attorney Policable) Copies of IDS Citations Si; Citations Citations	
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code Jabel here) □ Customer Number or Bar Code Label							
NAME Connolly Bove Lodge & Hutz LLP							
ADDRESS	ADDRESS Suite 800 1990 M Street, N.W.						
CITY	Washin	gton ST	ATE	DC	ZIP CODE	20036-3425	
COUNTRY	U.S.A	TELE	PHONE	(202) 331-7111	FAX	(202) 293-6229	





Fee Calculation and Transmittal

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	NO. FILED			NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	7	minus	20	= 0	x9=	\$	ſ	x18=	\$0
INDEP	1	minus	3	= 0	x40=	\$		x80=	\$0
_ First Presentation, Multiple Dependent Claims				+135=	\$	' <u> </u>	+270=	\$0	
Base Filing Fee						\$355	Ī		\$710
Other Fee (specify purpose)						\$			\$0
FOTAL FILING FEE* (accounting for possible small entity status)					\$	OR	TOTAL	\$710	

	A check in the ar	A check in the amount of \$ _ to cover the filing fee is enclosed							
X	No paymer	nt is enclosed at this time. Full payment will be made when the							
	English tran	slation of the application is submitted.							
	The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplication copy of this sheet is enclosed.								
		Charge the amount of \$ as filing fee							
	X	Credit any overpayment.							
		Charge any additional filing fees required under 37 CFR § 1.16							
		Charge any additional filing fees required under 37 CFR § 1.17							
		If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.							

Assignee Name and address:

Matsushita Electric Industrial Co., Ltd. 1006, Oaza Kadoma, Kadoma-shi Osaka 571-8501
JAPAN

Applicant claims priority from Japan application No. 2000-171552, filed 6/8/2000

Name (Print/Type)	Morris Liss	Registration No. (Attorne	24,510	
Signature	Morris Lias		Date	June 8, 2001